

Population Health NEWS

Innovative Technologies Play a Strategic Role in Value-based Care Success

by Renee Broadbent, senior vice president of Population Health at Holon Solutions

The effective transition from a fee-for-service scenario to a true, value-based care and population health management (PHM) world, continues to evolve and faces challenges from a number of fronts including regulatory uncertainty, physician burn out, and lack of interoperability. Physicians and other caregivers are navigating their way through a through a sea of disparate information sources - electronic medical record systems (EMRs), paper charts, faxes and others.

Many organizations mistakenly believed that the EMR was going to be the ideal solution. However, they are now finding that this was short-sighted and are seeing that data remains siloed and inaccessible to be used in any meaningful way.

Data disparity not only leads to inefficient workflows, it significantly disintegrates the physician – patient relationship, as physicians tend to spend more time looking for data and less time with their patients. Health care organizations often find themselves stuck in the middle, trying to negotiate or pay huge fees for new systems just to get the needed information at physician's fingertips.

When interoperability was conceived, this was not the plan. Without data sharing, you can't exchange insights and improve outcomes for populations or individual patients, much less lower costs and reduce risk. So how will value-based care ever fulfill its promise to patients, providers, and health plans?

Many organizations think that purchasing a new EMR or trying to optimize an existing one is the right answer to delivering PHM, however it does not, nor will it ever, solve all the data-related problems that organizations encounter.

For example, an organization may have an Accountable Care Organization (ACO) that has not only employed physicians, but also includes many independent providers in their network - all on different EMR's. They may also have complex business relationships with other members of the community, such as social health agency's or Skilled Nursing Facilities (SNFs) whose data cannot be accessed or easily integrated. The key for organizations to improve quality and manage total medical expense is to implement technology and workflows that help automate the data capture process and create point-of-care information (POC), as well as develop data analytics and facilitate patient engagement.

With providers now being held accountable for the quality of care delivered, this often means gathering more data, from various sources, to build a truly "longitudinal" view of their patients' health. The burden of consulting those additional sources, while trying to stay engaged with patients, requires them to leave their normal workflow (e.g., such as utilizing their own electronic medical records system) to access multiple external systems, or view hardcopy reports to gather information. Interruption of normal workflow and other related considerations are impediments to the actual care needed to meet the metrics that measure the value of care. Seventy percent of executives participating in a survey conducted by Humana and the Healthcare Financial Management Association believe that seamless interoperability is required to achieve value-based care.

"Seventy percent of executives participating in a survey conducted by Humana and the Healthcare Financial Management Association believe that seamless interoperability is required to achieve value-based care."

Unfortunately, amid this increasing need to support better, value-based care, there remains a significant lack of interoperability between fragmented systems that make up what healthcare technology is today. In other words, our healthcare technologies do not effectively communicate with each other. Healthcare information technologies store data in isolated systems due to a variety of factors such as design, time and cost. According to an article by Healthcare Informatics, published in October 2017, (<https://www.healthcare-informatics.com/article/interoperability/klas-2017-interoperability-report-some-progress-providers-expecting-more>), 86% of providers are not achieving meaningful levels of interoperability.

The most widely used technologies in healthcare, such as EMRs, practice management systems, and hospital information systems were fundamentally designed to capture codes to transmit billing an episode of care to a health insurance company for reimbursement. Most patients receive care from a variety of physicians, across care settings, resulting in their data being spread across disparate technologies. The common way healthcare organizations have been bringing this longitudinal information together for a patient is via point-to-point interfaces, working with vendors of the various technologies to build interfaces to pull information from one system to another.

This is extremely costly (e.g., each vendor charges a fee), time consuming (e.g., typically a wait list on each vendor's end to build the interface, in addition to the time spent building the code), and unreliable (e.g., updates to either of the technologies could cause an issue and require tweaks). Recently, population health management vendors have proven their ability to harness a wide range of data from these disparate technologies and provide powerful analysis and data-driven insight to better patient care. However, they typically lack the ability to deliver these analytics in an actionable and timely manner at the point of care, whereby providers can act while not disrupting their workflow.

Strategically, organizations need to align their PHM strategy and value-based care quality goals. There are a number of programs, both commercially and at the federal level, that continue to evolve the landscape and that organizations need to consider. An enterprise EMR alone cannot respond to this evolving landscape in a timely manner – to thrive in the transition organizations need to focus on these key strategies:

- Adopt innovative technologies that unlock access to data across their communities, regardless of the technologies in play, and independently of the vendors involved.
- Curate meaningful, rich, timely insights from the data across their ecosystems (clinical, claims, social determinants of health, patient reported outcomes, and more).
- Present contextual data to the clinician at the point of care, in the workflow so action can immediately be taken to enhance the patient satisfaction, improve clinical outcomes, lower costs, and remove administrative burden from the care team.

As a healthcare executive in this space for over twenty years I am optimistic about the state of the market, the innovators coming on scene, and the healthcare communities general drive to make this all work better.